

Agenda Item 3:

Health Workforce Overview: Problem Statement & Voice of the Worker

Facilitator: Boston Consulting Group



Agenda

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Health Workforce Overview: Problem Statement & Voice of the Worker (9:10-11:00am)

- Introduction to health workforce shortages
- Panel discussion with practicing nurses & behavioral health professionals

Barriers, Stakeholders, and Role of HCAI (11:10am-12:40pm)

- Known barriers that lead to shortages
- Players across the ecosystem
- Role of HCAI
- What we know today about supply shortages & demand

Supply & Demand Modeling (1:40pm-3:10pm)

- Prioritized use cases for tool
- Overall calculation approach, functionalities, and data required
- Data gaps and key assumptions underpinning model

Our ask of you

Engage in discussion, ask questions, and share relevant knowledge

Recall | We are working on a data-driven strategy & model to address gaps in CA's behavioral health and nursing workforce

Purpose



Support the State to understand and equitably solve the supply/demand gap in nursing and behavioral health to better serve Californians



Key workstreams

Strategic planning: A data-driven strategy that identifies innovative and tested best practices to resolve persistent workforce gaps and create an actionable roadmap with sequenced interventions

Supply, demand, & pipeline modeling: Thorough assessment of California's behavioral health/nursing workforce through the design, architecture, and build of an analytical tool that enables continued use, and future improvements/expansions

Socialization: Support for collaboration with stakeholders and sharing analytical results

Enablement: Enablement/training throughout to support HCAI in continuing forward independently (e.g., on modeling tool, enablement workshops)

Recall | HCAI health workforce program categories

● Focus area for initial effort



Key interdependencies between nursing & primary care to be managed throughout the process

The problem we are solving | Key challenges in behavioral health workforce include provider shortages, particularly of diverse providers, amid rising needs



Large, and growing shortages

- **California is experiencing a shortage of key behavioral health workers**, with over 13 million residents living in mental health professional shortage areas¹
- **Existing research, such as by UCSF, projects shortages to increase** over next 5 – 10 years, for a range of licensed roles²
- Shortages across the continuum of care in communities blend both facility and staffing challenges. **Severe bottlenecks in acute and subacute care levels** and in specific treatment areas can exacerbate challenges throughout the health system



Provider – patient mismatch

- **Current provider populations are not wholly representative of California's diversity**, from race/ethnicity to geographic distribution³
- **Significant socio-economic, racial/ethnic, and linguistic differences in utilization** of behavioral health^{4,5}
- **Coverage mismatch** creates experienced shortages even where the workforce exists: e.g., providers not able or willing to accept insurance, restricting access for low and middle-income patients
 - One study estimates ~40%+ of LMFTs in CA do not accept insurance at all⁶
 - Only ~20%+ of active CA-based LMFTs are on MediCal provider lists^{7,8}



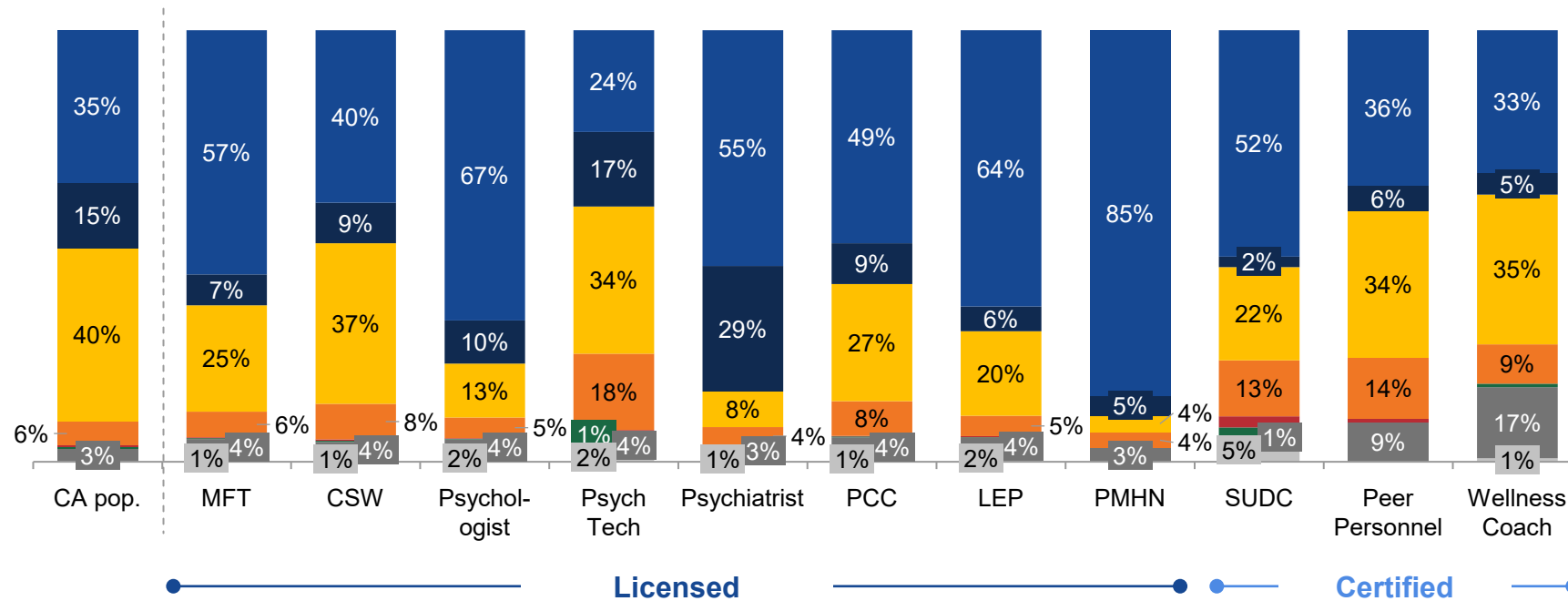
Rising levels of need

- Californians are experiencing **rising rates of mental health conditions**, requiring more support
- For example, **close to 1 in 10 Californian adults have a substance use disorder** and **almost 1 in 20 have a serious mental illness (SMI)**, which impacts their daily activities⁹
- Over **284k youth** in California cope with **major depression**¹⁰
- Creation of new roles such as Wellness Coaches both **expand the care team and create new demand categories** that need to be defined and filled

1. KFF, Mental Health Care Health Professional Shortage Areas (accessed May 2, 2024); 2. UCSF, "California's Current and Future Behavioral Health Workforce" (2018); 3. HCAI workforce license renewal survey; 4. DHCS, "Assessing the Continuum of Care for Behavioral Health Services in California" (2022); 5. CHCF, "Listening to Black Californians with Mental Health Conditions" (2023); 6. CA Association of Marriage and Family Therapists, Clinical Survey; 7. DCA public licensee lists, downloaded April 2024; 8. Cal HHS MediCal FFS & Managed Care provider lists; 9. SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health; 10. California for All, "Governor Newsom's Master Plan for Kids' Mental Health"

The problem we are solving | Additionally, there is racial / ethnic discordance amongst behavioral health providers

Survey responses, by role and race / ethnicity
%



MFT: Marriage and Family Therapist
 CSW: Clinical Social Worker
 PCC: Professional Clinical Counselor
 LEP: Licensed Educational Psychologist
 PMHN: Psychiatric Mental Health Nurse
 SUDC: Substance Use Disorder Counselor

White Hispanic American Indian Multiracial
 Asian Black Pacific Islander Other

- Hispanic providers are underrepresented across all roles
- Asian providers are underrepresented across most roles, except Psychiatrists and Psychiatric Technicians
- Black providers are underrepresented in advanced roles, such as Psychiatrists and Psychologists

Note: Does not include unsurveyed providers or respondents who declined to state; Psychologist includes Psychologist and Psychological Associate
 Source: HCAI workforce license renewal survey; CCAPP; CalMHSA; Wellness Coach form submission data; DOF P-1D population projections for 2024

The problem we are solving | While nursing shortage may be less severe in absolute terms, maldistribution and broader workforce challenges remain



Increasing turnover and exits

- **Published estimates diverge on current level of unmet need** for Registered Nurses^{1,2}, but **maldistribution** exists across counties³
- **Increased career exits, with more nurses having left or reporting intentions to leave profession** (~40% of CA nurses reporting intentions in 2022), as well as an increasing number planning to **reduce their hours**⁴
- **Ageing workforce**, and ~30% increase from 2018-22 in RNs 65+ who plan to quit or retire in next two years⁴
- Research shows reasons for RN attrition include **high stress of working during the pandemic**⁴



Continued need for diversity

- Since 2010, **over half of California's Registered Nurses workforce has been from non-White racial and ethnic groups**⁴
- But there are **regional differences** in the racial and ethnic composition^{3,5}, as well as **less diversity in Advanced Practice nurses**⁵



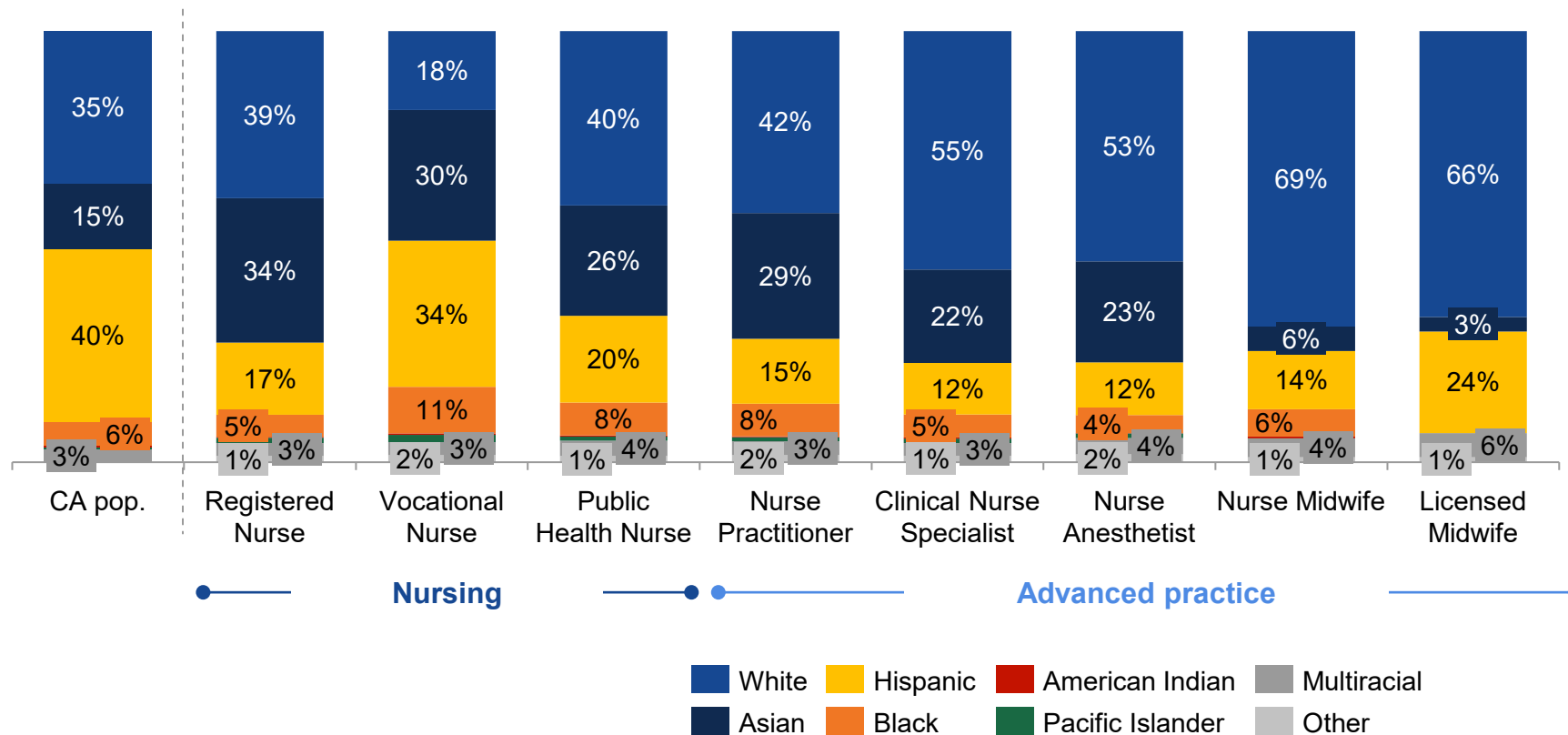
Significant impact even from brief shortages

- **Unclear if nursing shortages are short term or long term** (e.g., whether a lingering impact from COVID or longer-term crisis that will last through 2030)⁶
- Low Registered Nurses staffing levels are associated with **greater risk of hospital-acquired infections, readmissions, and death**⁷
- Shortages of Registered Nurses also have **financial repercussions as employers must pay more** for traveling nurses and raise wages to attract permanent employees⁸
- **PCP shortage may be an inter-related factor** given care team dependency

1. UCSF (2022), "Forecasts of the Registered Nurse Workforce in California"; 2. HRSA Workforce Projection Dashboard (accessed May 2024); 3. DCA public licensee lists, downloaded April 2024; 4. UCSF (2024), "California Board of Registered Nursing 2022 Survey of Registered Nurses"; 5. HCAI workforce license renewal survey; 6. University of St Augustine, "The 2021 American Nursing Shortage: A Data Study"; 7. HSR (2021), "Staffing levels and nursing-sensitive patient outcomes: Umbrella review and qualitative study"; 8. Health Affairs (2022), "COVID-19's Impact On Nursing Shortages, The Rise Of Travel Nurses, And Price Gouging"

The problem we are solving | HCAI survey data shows racial / ethnic discordance amongst nurses

Survey responses, by role and race / ethnicity
%



- Hispanic providers are underrepresented across all roles, with Vocational Nurses closest to parity
- Black providers are well represented, or close to parity, in most roles
- Asian providers are well represented across all roles except midwives

Note: Does not include unsurveyed providers or respondents who declined to state
Source: HCAI workforce license renewal survey; DOF P-1D population projections for 2024

Introduction to today's panel



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The purpose of today's panel is to ground us in the issues to be solving for future health workforce planning

- What are the biggest gaps now, and how do we get ahead of future challenges?
- How do the data & HCAI's existing efforts manifest in the real / lived experiences of workers today?
- What are promising innovations and best practices from the perspective of practitioners?

Worker-learner experiences are critical to HCAI's guiding principles

We must understand real experiences and the journeys of individuals to better tailor interventions that will break down barriers